## **FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

-- SECRETARY OF THE SENATE 10 OCT 13 AM 11: 24

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Carly for California, Inc.				
ADDRESS (number and street)	520 CAPITOL MALL,			
X (Check if address is changed)	SUITE 220			
	SACRAMENTO,	<u> </u>	CA 9581	<u>:4</u>
	С	ITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	spurpura@carly	forca.com		
COMMITTEE'S WEB PAGE ADD	RESS (URL)			
(Check if address is changed)	www.carlyforca	a.com		
				**************************************
2. DATE 09 30	° 2010° ′			
3. FEC IDENTIFICATION NUMBER C 00469924				
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and con	nplete.
Type or Print Name of Treasure	r Salvatore Du	rnura		
Type or Fillt Name of Treasure	Salvatore Ful	. pura		m. 12 52
Signature of Treasurer		The state of the s	Date (109) 3	0 ° ' 2010' '
NOTE: Submission of false, errone	eous, or recomplete information r			alties of 2 U.S.C. §437g.
Office Use		For further information c Federal Election Commissi Toll Free 800-424-9530	ontact: FE	C FORM 1 evised 02/2009)

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